preva	prevalent contributing factors of foodborne illness or injury. Public health					No. of Risk Factors / Intervention Violations					
interv	ventions are control measures to prevent foodborne illness or injury.			No. o	f Rep	eat Risk Factors / Intervention Violations	2				
	GOOD	RET	AIL	PRAC	TICE	8	ana lu				
	Good Retail Practices are preventative measures to cor	ntrol th	ie addi	ition of	athog	gens, chemicals, and physical objects into foods.					
lark "X" in	box if numbered item is not in compliance Mark "X" in appropriate	box f	or CO	S and/o	·R	COS=corrected on-site during inspection R=repeat vi	olation				
		cos	R		Sing-se		COS F				
	Safe Food and Water		3			Proper Use of Utensils					
31	Pasteurized eggs used where required			44		In-use utensils: properly stored					
32	Water & ice from approved source			45		Utensils, equipment & linens: properly stored, dried, & handled					
33	Variance obtained for specialized processing methods			46	I	Single-use/single-service articles: properly stored & used					
	Food Temperature Control	121	1	47		Gloves used properly					
34	Proper cooling methods used; adequate equipment for					Utensils, Equipment and Vending					
	temperature control			48	1	Food & non-food contact surfaces cleanable,	V				
35	Plant food properly cooked for hot holding				A	properly designed, constructed, & used					
36	Approved thawing methods used			49		Warewashing facilities: installed, maintained, & used; test strips					
37	Thermometers provided & accurate			50		Non-food contact surfaces clean					
	Food Identification					Physical Facilities					
38	Food properly labeled; original container			51		Hot & cold water available; adequate pressure					
	Prevention of Food Contamination		1	52		Plumbing installed; proper backflow devices					
39	Insects, rodents, & animals not present	X	_	53		Sewage & waste water properly disposed					
40	Contamination prevented during food preparation, storage & display	X		54		Toilet facilities: properly constructed, supplied, & cleaned					
41	Personal cleanliness			55		Garbage & refuse properly disposed; facilities maintained					
42	Wiping cloths: properly used & stored			56	×	Physical facilities installed, maintained, & clean					
43	Washing fruits & vegetables			57]	Adequate ventilation & lighting; designated areas used					
Reinsp	ection: Yes No Date:			No. o	f Goo	d Retail Practices Violations	7				
	ve Action Yes No Date			No. o	f Rep	eat Good Retail Practices Violations					
Respo	onse:	_				Charge: (Signature)	37				

Unsatisfactory

Approved 🕨

Status: (check one)

Immediate

Closure

Voluntary

Closure

Inspector: (Signature)

S. ZAPATA 1072

				(
		Food Es	tablishment In	spection Re	port Pag	je_Zof_Z-3
NE X	As Governed by State I NMED Environment He 121 Tijeras Ave NE, Alt		Establishment I	Name: NM Correct	t run O	Permit #:
		TEMP	PERATURE OBSE	RVATIONS		THE LITTER PARTY.
	Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
walk	in Frenzes 1	-306				
WAK	is cooler 2	365				
	My Coplex 3	384				
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Potate	26	137°P				
		OBSERVAT	IONS AND CORRI	ECTIVE ACTION	S	
la	Violations cited	in this report must be corre	ected within the time fram	mes below, or as stat	ed in section 8-405.11 of the	e Food Code.
Item Number						1
17	4-601.11	God des	ois oo	Slicer	in Scodwic	h per
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<u>,</u>		lay storas	at work	H - C + C	free of	16/20
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	190	DRY STORY	e of T	endents	Then with	<u>leakepf</u>
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_		Cont	fined			_
	1	1 1				

Person In Charge: (Signature)

Inspector: (Signature)

Date: 1/23/19 S. ZAPATA 1073

Person in Charge: (Printed)

Inspector: (Printed)



Inspection Repor
Food Service Establishment
CONTINUATION

Date //23/19	Western NM Weeting 2111 Cobo Conyon
ITEM NO	REMARKS
48	4-501,11 (A) Cooling rack it fool soon field ontop
	of rack. Greated on site. Rach will be
	throug away.
3.5.	/
56	6-501, 114 & Cold water consection for grider
	in dishwashing com leaking. Corlected on site
	Maisteracce will fix leah
	@ Ile Machine filter leaking, corrected on site
*************	Mantenasa will replace fiters and fre
	He leak
	<u></u>

NOTICE: THIS REPORT SHALL NOT BE DEFACED OR REMOVED EXCEPT BY AN AUTHORIZED REPRESENTATIVE OF NMED

		Foo	d Estab	lishment l	nspection Re	oort	Page Z of Z
	As Governed by State NMED Environment He 121 Tijeras Ave NE, All	Regulation 7.6.2 Nealth Bureau	NMAC	Establishment	Name: Muy	Permit #:	
Address:	mi N. Los	50 Canno	/: C	e and s	State:	Zip Code: 8 10 20	Phone:
			TEMPER/	ATURE OBSI	ERVATIONS		
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					RECTIVE ACTION		of the Food Code
Item	Violations cited in	this report must be	e corrected v	vithin the time fra	mes below, or as state	ea in section 8-405.11	of the rood Code.
Number							
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5/	0) 0 . 1			X OP P P 19	Production		
	dry	Storage					
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56	6-501.11 Valve	VVasv	\ W me	Z S M) IC	Mra a	ware an	/~~
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Person in	Charge (Signature)	~	3			Date	: 1/10/18
Inspector	(Signature)	12					1/10/18

Case 1:21-cv-00083-MV-JFR Document 121-10 Filed 07/13/22 Food Establishment Inspection Report Establishment Name: Zip Code: State: Permit Expiration Date: Phone: Western UM Corr 87020 002/60 Purpose of Inspection: As Governed by State Regulation 7.6.2 NMAC Pre-Opening , Annual Complaint Closing NMED Environmental Health Bureau 10150 Opening Re-inspection Investigation CAR Time In: 121 Tijeras Ave. NE, Albuquerque NM 87102 10,25 Other Initial Operational Time Out: **FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS** Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item Mark "X" in appropriate box for COS and/or R COS=corrected on-site during inspection OUT=not in compliance N/O=not observed N/A=not applicable R=repeat violation **Compliance Status** COS R COS R **Compliance Status Protection from Contamination** Supervision 1 🔊 ООТ Person in charge present, demonstrates knowledge, and Proper disposition of returned, previously served, 16 NOUT performs duties reconditioned, & unsafe food IN OUT NA 17 NOUT N/A Certified Food Protection Manager Food-contact surfaces; cleaned & sanitized 18 IN OUT N/A N/O **Employee Health** Food separated & protected 3 INOUT Management, food employee and conditional employee; Time/Temperature Control for Safety knowledge, responsibilities and reporting **EV**OUT IN OUT N/AN/O Proper use of restriction & exclusion Proper cooking time & temperatures 5 OUT IN OUT N/A Procedures for responding to vomiting and diarrheal events 20 Proper reheating procedures for hot holding **Employees** IN OUT N/A N/O 21 Proper cooling time & temperature IN OUT N/A N/O IN OUT N/A Food Handler Card 22 Proper hot holding temperatures IN OUT N/A N/O **Good Hygienic Practices** 23 Proper cold holding temperatures 7 IN OUT IN OUT N/A N/O Proper eating, tasting, drinking, or tobacco use 24 Proper date marking & disposition No discharge from eyes, nose, and mouth
Preventing Contamination by Hands 25 IN OUT N/A N/O 8 IN OUT Time as a Public Health Control; procedures & records **Consumer Advisory** Consumer advisory provided for raw/undercooked 26 IN OUT N/A 9 IN OUT (N/O) Hands clean & properly washed foods 10 IN OUT NAME NO No bare hand contact with RTE foods or pre-approved **Highly Susceptible Populations** alternative procedure properly followed 11 IN OUT 2/ NOUT N/A Adequate handwashing sinks; supplied & accessible Pasteurized foods used; prohibited foods not offered **Approved Source** Food/Color Additives and Toxic Substances 12(N OUT 28 NOUT N/A Food obtained from approved source Food additives: approved & properly used 13 IN OUT NAMO 29 NOUT N/A Food received at proper temperature Toxic substances properly identified, stored, & used 14 IN OUT Food in good condition, safe, & unadulterated Required records available: shellstock tags, parasite **Conformance with Approved Procedures** Compliance with variance / specialized process / 15 IN OUT WWW.O 30 IN OUT NA HACCP Risk factors are important practices or procedures identified as the most No. of Risk Factors / Intervention Violations prevalent contributing factors of foodborne illness or injury. Public health interventions are control measures to prevent foodborne illness or injury. No. of Repeat Risk Factors / Intervention Violations **GOOD RETAIL PRACTICES** Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods. Mark "X" in box if numbered item is not in compliance Mark "X" in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation COS R COS R **Proper Use of Utensils** Safe Food and Water 31 44 Pasteurized eggs used where required In-use utensils: properly stored 32 45 Water & ice from approved source Utensils, equipment & linens: properly stored, dried, & handled 33 Variance obtained for specialized processing methods 46 Single-use/single-service articles: properly stored & used **Food Temperature Control** 47 Gloves used properly **Utensils, Equipment and Vending** Proper cooling methods used; adequate equipment for 34 temperature control Food & non-food contact surfaces cleanable, 48 35 Plant food properly cooked for hot holding properly designed, constructed, & used 36 49 Approved thawing methods used Warewashing facilities: installed, maintained, & used; test strips 37 50 Thermometers provided & accurate Non-food contact surfaces clean **Physical Facilities Food Identification** 38 51 Food properly labeled; original container Hot & cold water available; adequate pressure **Prevention of Food Contamination** 52 Plumbing installed; proper backflow devices 39 53 Sewage & waste water properly disposed Insects, rodents, & animals not present 40 Contamination prevented during food preparation, storage & display 54 Toilet facilities: properly constructed, supplied, & cleaned 41 55 Personal cleanliness Garbage & refuse properly disposed; facilities maintained 42 56 Wiping cloths: properly used & stored Physical facilities installed, maintained, & clean 43 57 Washing fruits & vegetables Adequate ventilation & lighting; designated areas used Reinspection: Date No. of Good Retail Practices Violations **Corrective Action** Yes Date 0 No No. of Repeat Good Retail Practices Violations Response: Person in Charge: (Signature) Immediate Voluntary Status: (check one) Closure Closure Inspector: (Signature) S. ZAPATA 1057

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	Food	Establishment Ir	nspection Repo	ort Page	Z of 2
As Governed by State I NMED Environment He 121 Tijeras Ave NE, Alb	Regulation 7.6.2 NMAC				rmit#:
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Inspector: (Signature)

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Inspector: (Printed)

	Food Establis	shme	ent	Insn	ection	Report		Dama 4 of	7
Establishment Na		J	J114	шор	Cit		State:	Page 1 of Zip Code:	_
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Permit #:	Permit Expiration Date: Phone:	1900	7 /	Email:		TI MOTS	NI.	Est. Type:	
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A MER	001 2019	Purpos	e of In	spectic	n.		Pio	k Category:	
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121	ED Environmental Health Bureau Tijeras Ave. NE, Albuquerque NM 87102	III .	ening		Re-inspect		CAR Tim	e In: 10	2:46
Toral Sire			her	NID D	Initial Oper			e Out: 17	:36
Circle desid	FOODBORNE ILLNESS RISK F phated compliance status (IN, OUT, N/O, N/A) for each numb			ND P	OBLIC HE		propriate box for CO	D and to a D	
IN=in compliance		N/A≕not a		ole	с	OS=corrected on-site d		R=repeat vi	olation
	Compliance Status	co	SR				nce Status		COS R
1 IN OUT	Supervision Person in charge present, demonstrates knowledge, a	and		. Air	dour-		m Contamination of returned, previous	usly served	
2 IN OUT N/A	performs duties	11/2	\perp	-8	OUT	reconditioned, & u		usiy serveu,	
2.10 OUT N/A	Certified Food Protection Manager Employee Health	No.			OUT N/A	Food-contact surface &	aces; cleaned & sar	itized	
3 IN OUT	Management, food employee and conditional employe	e;		18 "	OOT WATER	E LE PIL		200000000000000000000000000000000000000	
4 IN OUT	knowledge, responsibilities and reporting		+		N OUT N/A N/C		re Control for Safe	ty	
5 IN OUT	Proper use of restriction & exclusion Procedures for responding to vomiting and diarrheal e	wente	+		N OUT N/A N/O	i Toper cooking till	ne & temperatures	-tate -	
	Employees	veill3			NOUT N/A N		procedures for hot h	olaing	V
6 IN OUT N/A	Food Handler Cards	7	-40	22 1	N OUT N/A N/	Proper hot holding			
7 JN OUT N/O	Good Hygienic Practices	100	100		OUT N/A N/C	Proper cold holdin	g temperatures		
7 NOUT N/O	Proper eating, tasting, drinking, or tobacco use No discharge from eyes, nose, and mouth		T. Carlotte		NOUT N/A N/O	T. Cop of Garde Hitelita	ng & disposition lealth Control; proced	d 0	X
	Preventing Contamination by Hands	NEWS.		25			er Advisory	aures & record	S
9 IN OUT N/O	Hands clean & properly washed		100	26 IN	OUT N/A		y provided for raw/u	ındercooked	
10 IN OUT N/A N/O	No bare hand contact with RTE foods or pre-approved	1	+			foods		Action in to take	
	alternative procedure properly followed			-		Highly Suscep	tible Populations	Light Comment	
1/(IN/OUT	Adequate handwashing sinks; supplied & accessible Approved Source			27 IN	OUT N/A		used; prohibited for		t t
12 TROUT	Food obtained from approved source			28 IN	OUT N/A	Food additives: or			
13 TN OUT N/A N/O	Food received at proper temperature				OUT N/A		proved & properly uproperly identified, st		
14 IN OUT	Food in good condition, safe, & unadulterated				WHILE S	Conformance with	Approved Procedu	res	
15 IN OUT N/A N/O	Required records available: shellstock tags, parasite destruction	. 1		30 IN	OUT N/A	Compliance with v	ariance / specialize	d process /	
Risk factors a	re important practices or procedures identified as the m	nost						1	
prevalent contr interventions a	ibuting factors of foodborne illness or injury. Public heal re control measures to prevent foodborne illness or inju	lth rv		No. of	Risk Factors	/ Intervention Violatio	ns		- 10
						Factors / Intervention	Violations		<i>J</i>
		OD RE							
Mark "X" in box if num	Good Retail Practices are preventative measures to bered item is not in compliance Mark "X" in approp					micals, and physical obj DS=corrected on-site du		R=repeat vio	alation
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31 Pasteu	Safe Food and Water			14215		Proper Us	e of Utensils		4-32
Tubled	rized eggs used where required & ice from approved source		-	44		utensils: properly store			
on Water	ce obtained for specialized processing methods	WOINETS.		46		s, equipment & linens: puse/single-service artic		-	
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	cooling methods used; adequate equipment for						ment and Vending		
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SO Food p	roperly labeled; original container Prevention of Food Contamination	HAT HE AND		51 52		old water available; ac	A CONTRACTOR OF THE PARTY OF TH		
39 Insects	rodents, & animals not present	X	K	53		ng installed; proper ba & waste water prope	V. U		
40 Contam	ination prevented during food preparation, storage & disp	lay		54		acilities: properly cons		cleaned	
40	al cleanliness			55		e & refuse properly di	77	aintained	111
triping	cloths: properly used & stored g fruits & vegetables			56 57		Il facilities installed, ma te ventilation & lightin		usad	
The state of the s							y, designated areas	used	
Reinspection:	Yes No Date:			No. of	Good Retail I	Practices Violations			
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The state of the s						- 1/1			SIL HOSSA
With the particular				Perso	n in Charge:	(Signature)	DAR		
Status: (check one)		oluntary Closure			V	11		Date: 4/	leit.
		Siodule		Inspe	ctor: (Signatu	ire)		Date: 4/	4/19

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	As Governed by State I NMED Environment He 121 Tijeras Ave NE, Alb	ealth Bureau		Establishment Name: WMM C Main 00					
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Establishment Nar	Food Establish ne: Physical Address:	ıme	enti	ns				Page 1 of	
			4		City	/: 		Zip Code:	
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121	Tijeras Ave. NE, Albuquerque NM 87102	Oth	ening ner	-	Re-inspection Initial Opera			Out: 17	.46
	FOODBORNE ILLNESS RISK FA			ND F				out.	
Circle desig	nated compliance status (IN, OUT, N/O, N/A) for each numbere						propriate box for COS	and/or R	
IN=in compliance			pplicable R	e	cc	DS=corrected on-site du		R=repeat vic	
STANSON NO.	Compliance Status Supervision	COS	S R	-	200		nce Status n Contamination		COS R
1 NOUT	Person in charge present, demonstrates knowledge, and		T	16/1	OUT	Proper disposition	of returned, previous	sly served,	
2 INDUT N/A	performs duties Certified Food Protection Manager	-	-	_ b	N OUT N/A	reconditioned, & un			
	Employee Health	100			NOUT N/A N/O	Food separated &	ices; cleaned & sanit protected	ized	
3 ANDOUT	Management, food employee and conditional employee; knowledge, responsibilities and reporting					Time/Temperature	e Control for Safety	No.	SHOT I
4 IN OUT	Proper use of restriction & exclusion		+	19	IN OUT N/A N/O			ETELES IS	
5 IN OUT	Procedures for responding to vomiting and diarrheal ever	nts	\Box		IN OUT N/A N/O		rocedures for hot ho	ldina	
(A) Division in the control of the c	Employees			21	IN OUT N/A N/O	Proper cooling time	e & temperature		
6 IN OUT N/A	Food Handler Cards Good Hygienic Practices	N = 0			IN OUT N/A N/O	1 topol flot flotaling			
7 NOUT NO	Proper eating, tasting, drinking, or tobacco use				N OUT N/A N/O				
8 IN OUT N/O	No discharge from eyes, nose, and mouth				N OUT N/A N/O	oper date mem	ealth Control; procedu	ures & records	
And the second s	Preventing Contamination by Hands	1,000		TOW	THE WAY	Consume	er Advisory		
9 (NOUT N/O	Hands clean & properly washed			26	N OUT NA	Consumer advisor	y provided for raw/ur	ndercooked	
10 NOUT N/A N/O	No bare hand contact with RTE foods or pre-approved			13/23	The Party of the P		tible Populations		
11 IN OUT	Adequate handwashing sinks; supplied & accessible	-	-	27/6	NOUT N/A		used; prohibited food	de not offered	
	Approved Source			2/6		ood/Color Additives			
12 NOUT	Food obtained from approved source				OUT N/A	Food additives: ap	proved & properly us	ed	
13 IN OUT N/A N/O				29	N OUT N/A		roperly identified, stor		
15 IN OUT N/A N/O	Food in good condition, safe, & unadulterated Required records available: shellstock tags, parasite	-	-			Compliance with va	Approved Procedur ariance / specialized		
	destruction		Ш	30	N DUT N/A	HACCP	ariumee / Specialized	process /	
Risk factors a	re important practices or procedures identified as the mos ibuting factors of foodborne illness or injury. Public health	t		No. o	of Risk Factors	/ Intervention Violation	ns		
	re control measures to prevent foodborne illness or injury.					Factors / Intervention		7	
THE PARTY NAMED IN	GOO	RET	TAIL F		TICES	-actors / intervention	Violations		
	Good Retail Practices are preventative measures to co					nicals, and physical obje	ects into foods.		
Mark "X" in box if num	bered item is not in compliance Mark "X" in appropriat	e box f	or COS			S=corrected on-site dur		R=repeat vio	lation
	0.4.5	cos	R			Description Up a	11-		COS R
31 Pasteu	Safe Food and Water rized eggs used where required			44	In-use ut	tensils: properly store	of Utensils		
32 Water	& ice from approved source			45		equipment & linens: p		& handled	
33 Variano	ce obtained for specialized processing methods			46	Single-us	se/single-service articl			
	Food Temperature Control			47	Gloves	used properly	nent and Vending	N. Marie Contract	
	cooling methods used; adequate equipment for ature control			-	Food & r	non-food contact surfa			
35 Plant fo	ood properly cooked for hot holding			48	The same was	designed, constructe			
	ed thawing methods used			49		shing facilities: installe		d; test strips	
37 I nermo	provided & accurate Food Identification			50	Non-food	d contact surfaces cle	Facilities	The second secon	
38 Food p	roperly labeled; original container			51	Hot & co	eld water available; ad			
	Prevention of Food Contamination			52		g installed; proper bac			
40	rodents, & animals not present	X		53		& waste water proper			
Contain	<u>iination prevented during food preparation, storage & display</u> al cleanliness	-		54 55		cilities: properly const			
1 013011	cloths: properly used & stored			56		& refuse properly dis facilities installed, ma		ntained	
40	ng fruits & vegetables			57		e ventilation & lighting		used	
Reinspection:	Yes No Date:			No. o		ractices Violations		T	
Corrective Action			= $ $	140. 0	GUUU REIAN P	ractices violations		1	
Response:	Yes No Date:			No. c	f Repeat Good	Retail Practices Viola	itions	0	
							mer Emma		
	Approved I Insertinfector Immediate Volu	ntos:		Pers	on in Charge: ((Signature)	2		
Status: (check one)		ntary sure		Inen	ector: (Signatur	10 P		Date: 💋	lulio
				mape	Joseph Congriatur	9		7	

May 2			ood Estab	lishment Ins	pection R	Report	Page 7	of <u></u>				
	As Governed by State NMED Environment He 121 Tijeras Ave NE, All	ealth Bureau		Establishment Name: Western NM Dining B 002/6								
			TEMPERA	TURE OBSERV	PATIONS			7 - 7 8 0				
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PI	[7 of activity	7001										
		-		<u> </u>								
						ATT A LEGIS						
				S AND CORREC								
Item	Violations cited	in this report m	nust be corrected v	within the time frame:	s below, or as s	tated in section 8	-405.11 of the Food	Code.				
Number												
26	1.501 11-	2	,	1 0 4		/						
37	6501.11	L G	he trap	had 4	mile.	or it.	Glue					
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	0	milag	Goon B	Corper	5/6	, Glue	trap	110-22-				
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nspector: (Printed)	anon (2000	Inspector: (Signa	ture)		Dat	e: 4/4/19				
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EID: Corrective Action Plan Form

Varden: Leon Martinez	Area or Department: Maintenance WNMCF
	Grants NM

Deputy Warden Leon Martinez

SECTION 1: GENERAL INFORMATION

Facility: WNMCF	Date of Inspection: 4/4/19	
Submitted By: Arthur Sanchez ESSO Officer, Physical Plant Manager Almanza C		

SECTION 2: CORRECTIVE ACTION PLAN

Item# Code Number	Non-Compliant Areas/Topics Monitored	Person(s) Responsible for Corrective Action	Corrective Action	Target Completion Date	Extended Target Completion Date	Completion Date
6-501.111	Observed a mouse run from the prep table with the stack that goes to roof area, possible area where mice can travel and nest in stack area gaining access to roof.	Physical Plant/Maintenance	Physical plant manager Almanza and maintenance personal immediately started work on removing the stack and covering any ceiling penetrations.	4/8/19 per EID Orona deadline date to correct	N/A	
	Mr. Orona EID and FSSO Sanchez observed mice run out from prep table near stack area towards	3.60				
	stove then back to stack area.			!		